Intel User Registration

Return this form to: NIH, DCRT Project Control Office, Building 12A, Room 1009, 9000 Rockville Pike, Bethesda, MD 20892. When your account is established, a copy of this form will be returned to you with the new account information filled in below.

Institute/Organization:	
	Telephone:
E-mail Address:	
*Preferred User Name:	
** Second choice:	Third choice:
ers. Initials, first or last name, or a combination	neral identifier. It may have up to 8 lowercase alphanumeric charac- on of name and initials are suggested (e.g., jsmith, jack, jms). If you ALW systems, then specify the same user name.
* Please specify second and third choices in o	case first choice is unavailable.
Management Fund. Accounts will be issued on nanagement fund. In order to help us process y	ch to pay for operating the Intel system, we will draw on the NIH ally to those whose organizations are direct participants in the your application, please obtain the signature of one of the following: ative Officer, or other authorizing official as a verification of your
Name (Please print):	
NIH Address:	
I/C/D:	Telephone:
Signature:	
DO	O NOT WRITE BELOW THIS LINE
I	Intel Account Notification
our account on the NIH Intel system has been asswords (type the command 'passwd' and the	n established. Please login to the SRM and file-server and change the system will prompt for a new password).
Intel User Name:	

NIH Intel User Registration Form (Version 1.1)